

**ATTACHMENT C**  
**Town of Ashburnham**  
**Senior Citizen Property Tax Work-off Abatement**  
**Program Record of Hours Worked**

NAME OF SENIOR CITIZEN: \_\_\_\_\_

POSITION/DEPARTMENT: \_\_\_\_\_

<u>DATE</u>	<u>HOURS</u>	<u>TOTAL</u>
TOTAL HOURS WORKED:		

I certify under penalties of perjury that I have worked the hours as recorded above.

\_\_\_\_\_  
**Signature of Senior Citizen**

\_\_\_\_\_  
**Date**

I have reviewed and approved the record of hours worked for the above-named senior citizen.

\_\_\_\_\_  
**Signature of Department Head**

\_\_\_\_\_  
**Date**